



# **Community Plan to Prevent Obesity and Other Chronic Diseases**

Competitive RFP  
#RFP-B25-0004.1

Issue Date: October 1, 2003

Due Date: October 31, 2003

Public Health Nutrition  
<http://www.tdh.texas.gov/phn/default.htm>

1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199  
October 2003

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George McClesky, B.B.A., J.D.  
Chair, Texas Board of Health

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## INFORMATION

### I. INTRODUCTION

The Texas Department of Health (TDH) Bureau of Nutrition Services, Public Health Nutrition Section announces the expected availability of fiscal year 2004 *State Nutrition and Physical Activity Programs to Prevent Obesity and other Chronic Diseases* funds to enhance capacity of communities to plan community based-interventions to prevent obesity and other chronic diseases, including strategies for implementation and a process for evaluation.

This Request for Proposal (RFP) contains the requirements that all applicants shall meet to be considered for funding. Failure to comply with these requirements will result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

Before completing the application, refer to any relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

### PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION.

#### A. Eligible Applicants

TDH will fund **one rural community** (defined as a contiguous geographic area, including counties, with a minimum total population of 10,000 and a maximum total population of 150,000) and **one urban community** (defined as contiguous geographic area, including counties, with a minimum total population of 400,000). *Urban applicants may designate a smaller intervention area within their total geographic area.*

Eligible applicants include any local health department (county or city), public health district, or local nonprofit organization in Texas (with Federal tax identification number). Texas Department of Health Public Health Regional (PHR) offices are ineligible to apply, however, collaboration with TDH Public Health Regional offices is encouraged of all applicants. **If applicant is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, applicant is ineligible to apply for funds under this RFP.**

## **B. Project and Budget Periods**

A total of approximately \$5000 is expected to be available to fund two project(s) for a six-month budget period. The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project.

It is expected that the contract will begin on or about 1/01/04 and will be made for a six-month budget period. TDH may renew projects for up to 4 years, based on project performance and funding availability. Funding may vary and is subject to change each budget period. TDH reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls.

## **C. Use of Funds**

This is a cost-reimbursement agreement. Approved expenses will be incurred by the funded entity and all receipts will be forwarded to the Procurement and Contracting Services Division for processing.

Funds are awarded for the specifically defined purpose and shall not be used for any other project. Funds may be used for the following project-related expenses:

1. Personnel costs related to administrative functions for project
2. Office and administrative supplies
3. Travel related to project activities
4. Training and educational expenses
5. Health education materials
6. Computer supplies
7. Contract services and other items supporting project objectives, with prior approval from TDH/PHNS

Funds shall not be used to supplant local or state funds. Funds may not be used for:

1. Direct patient care services, individual health service or payment for the treatment of obesity and other chronic diseases
2. Laboratory services
3. Medical supplies
4. Entertainment, food, or drink
5. Equipment, including computer related equipment, without prior approval from TDH/PHNS
6. Grant writing services or administrative staff primarily responsible for writing grants/proposals
7. Administrative staff performing unrelated senior management functions

## **D. Schedule of Events**

1. Post to the Texas Records and Information Library (TRAIL)

10/03/03

2. Issuance of RFP	10/03/03
3. Deadline for Submission of Applications	10/31/03
4. Site Visits to Community Finalists	11/01/03 - 12/14/03
5. Written Notification to Selected Applicants	12/15/03
6. Written Notification to All Applicants	12/15/03
7. Expected Contract Begin Date	1/01/04

## II. PROGRAM INFORMATION

### A. General Purpose and Program Goals

Through the *State Nutrition and Physical Activity Programs to Prevent Obesity and other Chronic Diseases* grant, funded by the Centers for Disease Control and Prevention, the Texas Department of Health's goal is to ensure environmental, social, and organizational conditions are optimal to promote physical activity, fruit and vegetable consumption, and healthy weight in Texas families with school-age children.

Applicants are encouraged to review the *Strategic Plan for the Prevention of Obesity in Texas* as an additional resource: <http://www.tdh.state.tx.us/phn/obesity-plan.pdf>.

#### TDH's Impact Objectives are:

- Prevent any further increase in the prevalence of "at risk of overweight" and "overweight" (1) in school-aged children and adolescents in Texas.  
(Baseline: SPAN(2) 4<sup>th</sup> graders = 38.7%, 8<sup>th</sup> graders = 37.1%, 11<sup>th</sup> graders = 29.4%)
- Increase the percentage of school-aged children in Texas that get at least 30 minutes of moderate physical activity 7 days/week by 5% of baseline by September 30, 2008.  
(Baseline: SPAN 4<sup>th</sup> graders = 54%, 8<sup>th</sup> graders = 20%; 11<sup>th</sup> graders = 14%)
- Increase the percentage of school-aged children in Texas who eat two or more servings of vegetables daily by 5% of baseline by June 2008.  
(Baseline: SPAN 4<sup>th</sup> graders = 28%, 8<sup>th</sup> graders = 27%, 11<sup>th</sup> graders = 23%)
- Increase the percentage of school-aged children in Texas who eat two or more servings of fruits daily by 5% by September 30, 2008.  
(Baseline: SPAN 4<sup>th</sup> graders = 31%, 8<sup>th</sup> graders = 18%, 11<sup>th</sup> graders = 22%)
- Decrease the percentage of school-aged children in Texas who watch 3 or more hours of television each day by 5% of baseline by June 2008.  
(Baseline: SPAN 4<sup>th</sup> grade = 23%; 8<sup>th</sup> grade = 48%; 11<sup>th</sup> grade = 26%)
- Prevent any further increase in the prevalence of overweight and obesity in adult

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(1) "At risk of overweight" is defined as > or equal to the 85<sup>th</sup> percentile but less than the 95<sup>th</sup> percentile for BMI by age/sex. "Overweight" is defined at > or equal to the 95<sup>th</sup> percentile for BMI by age/sex

(2) Baseline figures are from the School Physical Activity and Nutrition Survey (SPAN) data collected in school year 2000 – 2001.

Texans from 2001 to 2008.

*(BRFSS 2001 prevalence rate overweight = 36.7%, obese = 24.6%)*

- Decrease the percentage of adult Texans who report no leisure-time physical activity in the past month by 5% by June 2008.  
*(BRFSS 2001 prevalence rate = 27.1%)*
- Increase the percentage of adult Texans who eat five or more servings of fruits and vegetables daily by 5% by June 2008.  
*(BRFSS 2000 prevalence rate = 23.4%)*
- Decrease the percentage of adult Texans who watch 3 or more hours of television each day by 5% of baseline by June 2008.  
*(Baseline percentage will be determined by addition of television viewing question on the 2004 BRFSS survey)*
- Increase the percentage of infants who breastfeed at hospital discharge to 75% and at 6 months to 30% by June 2008.  
*(Baseline: 2001 Ross Products Division – Mothers Survey: Infants breastfed at discharge = 69.4% Infants breastfed at 6 months = 29.5%)*

## **B. Community Projects Purpose and Goals**

The purpose of this funding is to assist communities in developing a plan to prevent and reduce the prevalence of obesity. The resulting comprehensive intervention plan will seek to increase community residents' levels of physical activity and improve fruit and vegetable consumption. In addition, it will seek to do one or more of the following: (a) decrease television viewing, (b) increase women's choice to breastfeed, and/or (c) improve the balance of caloric intake with energy expenditure.

In addition to community assessment and planning, funded applicants will be expected to begin or continue developing their community's capacity to sustain project outcomes in the event TDH funding becomes unavailable. This includes developing partnerships with public or private entities to provide resources and support of the community plan.

### **1. Description of Intervention Planning Components**

The project will focus on developing a community plan to combat obesity and other chronic diseases. This will be achieved using a social ecological model (see Appendix B) consisting of social, policy, and environmental change. During the first project period, the funded communities will be required to form a community health partnership (if one is not already in place) whose responsibility will be to (1) assess the community's needs and current resources in regards to the prevention of obesity and other chronic disease and (2) identify or develop interventions using current resources and public-private partnerships to meet those needs. The partnership will plan a population-based intervention(s) based on the social ecological model, instead of providing one-on-one services. A variety of activities can be planned; however they must focus on physical activity, increased fruit and vegetable intake (i.e., 5 to 9 A Day) and at least one of the other three strategies listed above (a-c).

### **2. Technical Assistance Components**

Funded communities will receive technical assistance to guide them in the formation and development of intervention strategies and components. Technical



assistance will be provided by the University of Texas at Austin through site visits and video conferencing, electronic communication, guidance with regard to current “best practices” models, community assessment and intervention design training and feedback on intervention development via a process evaluation. UT-Austin will continue to provide technical assistance to communities in subsequent years based on funding availability and contract renewal.

### **3. Description of Evaluation Components**

As part of the evaluation, funded applicants will be required to cooperate with the Texas Department of Health and the University of Texas at Austin on the baseline and follow-up evaluation. They will also be responsible for maintaining activity logs, meeting minutes, and/or other documents as requested by the Texas Department of Health for program monitoring. The University of Texas at Austin staff will conduct community key informant interviews concerning development of the intervention at least two times during the funding year.

### **C. Background**

Sedentary lifestyles and poor nutrition are now considered major risk factors for many of the chronic health conditions affecting adult Texans. Overweight and obesity are rapidly increasing among adults in the United States, including Texas. Sixty percent of adults in Texas are either overweight or obese. Obesity and related disease treatment costs the state \$9.3 billion annually. (Texas Department of Health, 2003) Specific lifestyle behaviors such as increased physical activity, proper nutrition, breastfeeding, decreased television viewing and regulating caloric balance can prevent, postpone or improve these chronic conditions.

A physically active lifestyle that includes 30 minutes or more of moderate activity most days of the week can reduce the risk of premature death, high blood pressure, obesity, some cancers, and osteoporosis as well as provide mental health benefits such as reduced depression and anxiety. Increasing fruit and vegetable intake can help with weight maintenance and aid in the prevention of heart disease and certain cancers. Currently, only 23% of adult Texans report eating five or more servings of fruits and vegetables a day.

Breastfeeding offers benefits to both mother and child. Research now suggests that breastfeeding offers protection against childhood overweight. In addition to the weight benefits for children, breastfeeding has been found to reduce the risk of breast and ovarian cancer in women. During 1998 only 69% of Texas mothers breastfed their infants, and only 29% breastfed their infants at 6 months.

Recent studies also suggest that there is a positive relationship between the number of television viewing hours and the prevalence of overweight in children. Survey data confirm that television viewing is the most common activity of sedentary children in the United States. While the mechanisms in the relationship between television viewing and overweight in children have not been fully determined, the



proposed mechanisms include decreased physical activity, increased caloric intake while viewing, greater influence by advertisements and a reduced metabolic rate due to excess viewing. Finally, energy imbalance due to a greater caloric intake than expenditure results in weight gain. Educating individuals on the importance of a balancing caloric intake with energy expenditure is an important component of maintaining a healthy weight.

This project is designed to facilitate the creation of a plan for the implementation of a community intervention to aggressively combat obesity among residents of the community. The intervention involves the development and implementation of initiatives that make use of three or more of the above mentioned strategies (i.e., increased physical activity, increasing the intake of fruits and vegetables, reducing television viewing, increasing the number of women who choose to breast feed, and improving the balance between caloric intake and energy expenditure).

#### **D. Legal Authority**

Texas Health and Safety Code, Chapters 11 and 12

#### **E. Project Development**

Applicants are required to establish and maintain a broad-based community health partnership that:

- Provides community leadership and appropriate role models for obesity control and prevention.
- Provides ongoing advice and support to the project.
- Develops additional public-private partnerships to ensure project implementation and sustainability when state funding ends.

Applicants are also encouraged to participate in local and regional planning activities. For information on local planning activities, contact your local health department or TDH Regional Offices.

<http://www.tdh.texas.gov/brlho/regions.htm>

#### **F. Program Requirements**

All Applicants:

- Commit to assemble a community health partnership (if one does not already exist) to plan an obesity prevention intervention for the community.
- Submit a community description report (see Form F), and a work plan with performance measures on which contract will be based (see Form G & H).
- Commit to a site visit evaluation prior as part of the selection process if chosen as one of the community finalists.

Selected Applicants:

- Maintain a broad-based community health partnership to plan an obesity prevention intervention for the community.
- Commit to conducting the first meeting of the community health partnership before February 1, 2004.
- Commit to holding community health partnership meetings at least monthly, and submit monthly partnership meeting minutes to TDH by the 15<sup>th</sup> of each following month.
- Conduct a community needs assessment and key informant interviews with tools developed by UT-Austin, compile raw data, and submit to UT-Austin by date requested.
- Commit to working collaboratively with UT-Austin to plan an intervention based on a social ecological model. This collaboration will include telephone and electronic communication, site visits, and inclusion of UT-Austin staff or community designee at partnership meetings.
- Allow the UT-Austin project evaluators to conduct key informant interviews at least 2 separate times during the funding period.
- Submit an initial written plan for the community intervention by June 15, 2004. (TDH/PHNS will provide report form).
- Conduct project activities in accordance with various applicable federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: <http://www.tdh.state.tx.us/oto/coninfo.htm>.

#### **G. TDH Contact**

For purposes of addressing questions concerning this RFP, the contact is Sherry Clark, Bureau of Nutrition Services, Public Health Nutrition Section. All communications concerning this RFP shall be addressed in writing, by phone, by fax or by email to:

Sherry Clark  
 Bureau of Nutrition Services  
 Public Health Nutrition Section  
 M-230  
 Texas Department of Health  
 1100 West 49th Street  
 Austin, Texas 78756-3199  
 Phone (512-458-7444, x2142  
 FAX (512) 458-7446  
 Email: Sherry.Clark@tdh.state.tx.us

### **III. APPLICATION DEADLINE AND SUBMISSION**

#### **A. Application Deadline**

The application shall be received on or before the following date and time: 5:00 P.M. C.S.T. on 10/31/03. **APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.**

## **B. Submission**

The original application and 3 copies shall be submitted to:

Sherry Clark  
Bureau of Nutrition Services  
Public Health Nutrition Section  
M-230  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199

Ref: RFP # RFP-B25-0004.1

If an application is sent by overnight mail or hand-delivered to the TDH address above, the applicant should request a receipt at the time of delivery to verify that the application was received on or before the application due date and time.

If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time. TDH will not accept applications by facsimile or e-mail.

Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to 1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or 2) significant weather delays or natural disasters. TDH will, upon receipt of proper documentation showing that the application would have been timely received except for the carrier error, significant weather delay or natural disaster, consider the application as having been received by the deadline.

Applications that do not meet the above criteria will not be eligible for competition and will be discarded.

## **IV. APPLICATION EVALUATION, SELECTION & NEGOTIATION**

Applications will be reviewed according to the criteria below. To maximize fairness for all applications during review, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications remain with TDH and are not returned to the applicant.

## **A. Screening Process**

Applications are initially screened for eligibility and completeness. Please use the checklist provided to ensure that all required forms are submitted. The preliminary screening requirements include:

1. Application received on or before the application due date and time.
2. The original application bears an original signature of the authorized official of the applicant organization on the Face Page.

**APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR REVIEW AND THE APPLICANT WILL BE NOTIFIED IN WRITING.**

## **B. Evaluation Process**

Applications will be reviewed and scored by a team of TDH and UT-Austin staff with expertise in physical activity, nutrition, health promotion intervention design, and/or public health using a standardized scoring instrument.

## **C. Evaluation Criteria**

The application sections as required in the Application Instructions will be weighted as follows:

<b>Criteria</b>	<b>Value</b>
Organizational Experience	20
Community Description	30
Work Plan	30
Performance Measures	15
Budget Summary	5
<b>Total</b>	<b>100</b>

**TDH will select up to 2 community finalists (of each applicant type) based on the application criteria. As part of the final selection process, applicants must be available for a site visit evaluation prior to final selection if chosen as one of the community finalists.**

## **D. Selection and Negotiation**

Once award decisions are made, TDH staff is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the Public Health Nutrition Program and available funds. As funds are never unlimited, it is expected that

the applicant(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the Public Health Nutrition Program goals within available funding limits. This process is commonly referred to as contract negotiation. Applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the Public Health Nutrition Program initiates the development of a contract.

Each applicant whose proposal is selected for a contract shall receive written notification. The receipt of the notice does not constitute a fully executed contract. Providers who commence work without a contract signed by both parties are at risk of being unable to invoice TDH for those services and expenses.

Each applicant not selected for a contract is entitled to a timely written notification that its proposal will not be funded.

## **V. TDH ADMINISTRATIVE INFORMATION**

### **A. Incurring Costs and Rejection of Applications**

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

### **B. Right to Amend or Withdraw RFP**

TDH, reserves the right, to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of TDH and the State of Texas. The decision of TDH is administratively final.

### **C. Financial and Administrative Requirements**

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

#### **Financial and Administrative Requirements**

<b>Applicable Cost Principles</b>	<b>Audit Requirements</b>	<b>Administrative Requirements</b>
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non-Profit Organizations	OMB Circular A-133 and UGMS	UGMS

48 CFR Part 31, For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	
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Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available online at <http://www.tdh.state.tx.us/grants/fapmanual.pdf>.

All TDH contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each TDH contract Attachment and will record expenditures by the budget cost categories in the approved budget. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each contract Attachment. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

#### **D. Authority to Bind TDH**

For the purposes of this RFP, the Commissioner of Health and the TDH Chief Financial Officer (or designee), are the only individuals who may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed by the Procurement and Contracting Services Division.

#### **E. Contracting with Subrecipients and Vendors**

The selected applicant may enter into grant contracts with subrecipients or procurement contracts with vendors only with prior approval of TDH. The contractor is responsible to TDH for the performance of any subrecipient or subgrantee.

If the applicant enters into contracts with subrecipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. The contract general provisions are available online at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

If an applicant plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract.

## **F. Contract Information**

The final funding amount and the provisions of the contract shall be determined through negotiations between TDH staff and the applicant(s). Any exceptions to the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

TDH will monitor contractors' expenditures on a quarterly basis. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditures are below that projected. Vacant positions existing after ninety (90) days may result in a decrease in funds. TDH reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

## **G. Contract Award Protest Policy**

TDH has established a policy for a protest regarding an award. It states that a bidder, offeror, or applicant who has an allegation that TDH has failed to follow applicable statutes and rules in the procurement process, may file a protest. Information on the filing process, requirements, resolution, and appeal may be reviewed at [http://www.tdh.state.tx.us/grants/law\\_reg.htm](http://www.tdh.state.tx.us/grants/law_reg.htm).

# **CONTENT AND PREPARATION**

## **VI. APPLICATION CONTENT**

### **A. Instructions for Preparation**

The application should be developed and submitted in accordance with the instructions outlined in this section. The application shall be:

- Single-spaced
- 12-point font on 8 1/2" x 11" paper with 1" margins.
- The original and all copies should be submitted unbound, but secured with binder clips or rubber bands.

All pages of the application, including any attached documents, should be consecutively numbered. The blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** shall be used. Failure to arrange the application as requested may result in disqualification of the application.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form. Forms may be electronically reproduced. However, all forms shall be identical to the original form(s) provided.



## **B. Confidential Information**

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

## **C. Table of Contents**

**THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:**

- A. Face Page - Application for Financial Assistance
- B. Application Checklist
- C. Contact Person Information
- D. Administrative Information
- E. Applicant Background
- F. Community Description Narrative
- G. Performance Measures
- H. Work Plan
- I. Budget
- J. Nonprofit Board of Directors and Executive Director Assurances

## VII. BLANK FORMS AND INSTRUCTIONS

To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

### Unlocked Forms

To have the computer do the addition:

1. Completely fill out the column or row you are going to sum. If you are summing all of the totals, update the sum all of the columns and all of the rows before updating the sum of the totals.
2. Word will **not** update the totals automatically. Select the form field for the sum in one of the following ways:
  - Use the tab key to move from field to field or place the cursor immediately in front of the “0” or previous total with gray shading.
  - Drag the cursor over the “0” or previous total with gray shading so that only number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

**Tip:** The first time you use the forms the totals are all “0” with gray shading. Before updating a total, zoom in until you can easily see the “0” and the gray shading.

3. Press the F9 key (usually at the top of the keyboard).
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Caution:** Never delete the form field for the total (the “0,” or previous total, with gray shading. The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.

### Locked Forms

Fill in the form by entering information in the form fields. You can use the TAB and SHIFT+TAB or the arrow keys to move between fields.

To have the computer do the addition:

1. Use the tab key to move from field to field. Completely fill out the column or row you are going to sum.
2. Word will **not** update the totals automatically. On the Tools menu, click Options, and then click the Print tab.
3. Under “Printing” options, click the Update fields check box. Print the document or the changed page and the new sum will be calculated.
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.



# Texas Department of Health

## FORM A: FACE PAGE – Application for Financial Assistance

*This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.*

APPLICANT INFORMATION																
1) LEGAL NAME:																
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>																
3) PAYEE Mailing Address (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>																
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):																
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual														
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning														
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital														
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private														
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
*If incorporated, provide 10-digit charter number assigned by Secretary of State:																
6) PROPOSED BUDGET PERIOD: <span style="margin-left: 50px;">Start Date:</span> <span style="margin-left: 100px;">End Date:</span>																
7) COUNTIES SERVED BY PROJECT: <span style="margin-left: 50px;">TYPE OF APPLICANT: <input type="checkbox"/> RURAL (pop=10K – 150K) <input type="checkbox"/> URBAN (pop=400K+)</span>																
8) AMOUNT OF FUNDING REQUESTED:  9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	10) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail:  11) FINANCIAL OFFICER Name: Phone: Fax: E-mail:															
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in <b>APPENDIX A: TDH Assurances and Certifications</b> . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements is conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																
12) AUTHORIZED REPRESENTATIVE  Name: Phone: Fax: E-mail:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE   14) DATE															



## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this application. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 14) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

## FORM B: APPLICATION CHECKLIST

**Legal Name of Applicant:** \_\_\_\_\_

*This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.*

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Applicant Background included	<input type="checkbox"/>	
F	Community Description included	<input type="checkbox"/>	
G	Performance Measures included	<input type="checkbox"/>	
H	Work Plan included	<input type="checkbox"/>	
I	Budget Summary Form completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>	
I-1-I-7	Budget Category Detail Forms completed and included	<input type="checkbox"/>	<input type="checkbox"/>
J	Nonprofit Board of Directors and Executive Director Assurances form signed and included	<input type="checkbox"/>	<input type="checkbox"/>



## FORM C: CONTACT PERSON INFORMATION

Legal Name of Applicant: \_\_\_\_\_

*This form provides information about the appropriate contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Procurement and Contracting Services Division**.*

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

## FORM D: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history of the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

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**Legal Name of Applicant:** \_\_\_\_\_

### **Identifying Information**

**1. The applicant shall attach the following information:**

**If a Governmental Entity**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

**If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for-profit corporation.

**2. Is applicant a private, nonprofit organization?**

☐ YES ☐ NO

*If YES, applicant shall include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.*

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS') most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly Establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

*If an applicant has evidence of current nonprofit status on file with a program of TDH, indicate name of program and date of filing.*

Previously Filed with: (TDH Program)

On (Date)

**FORM D: ADMINISTRATIVE INFORMATION continued**

**Conflict of Interest and Contract History**

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived, or represented as a conflict, shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists the applicant may be disqualified from further consideration for the award of a contract.

- 1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES      ☐ NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

- 2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES      ☐ NO

*If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.*

- 3. Has applicant had a contract with TDH within the past 24 months?**

☐ YES      ☐ NO

*If YES, indicate the contract number(s):*

Contract Number(s)	

*If NO, applicant shall be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If audited documentation is not available, provide explanation and submit a complete copy of the most recent Federal Income Tax Return (i.e. Form 990) as filed with the Internal Revenue Service. TDH will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.*

- 4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ YES      ☐ NO

*If YES, please explain. (Attach no more than one additional page.)*

## FORM E: APPLICANT BACKGROUND

*Applicant shall provide a narrative description including: the legal name of the applicant; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, past history with developing health interventions similar to the goals of this RFP, and capacity to sustain the proposed project. **A maximum of 2 additional pages may be attached if needed.***

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## FORM F: COMMUNITY DESCRIPTION NARRATIVE

*Address each of the description items (see COMMUNITY DESCRIPTION NARRATIVE Guidelines) associated with the services proposed in this application. **A maximum of 4 additional pages may be attached if needed.***

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## FORM F: COMMUNITY DESCRIPTION NARRATIVE Guidelines

Specifically address each of the items listed below associated with the services proposed in this application. The required description items include:

1. Provide brief synopsis of the community as a whole describing in general:
  - a. Geographic boundaries (urban or rural, counties included in intervention area, physical environment)
  - b. General demographic data (population size, breakdowns for age, gender, ethnicity, etc.)
  - c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.)
  - d. General description of community-wide health status (e.g., key morbidity/mortality statistics)
2. Describe target population including:
  - a. Geographic service area (urban applicants may designate a smaller intervention area within their geographic service area)
  - b. Characteristics of target population (including demographic and socioeconomic data specific to each population)
  - c. Target population's health status (including population data related to overweight/obesity and related chronic diseases such as cardiovascular disease and diabetes; and behavioral data related to physical activity, consumption of fruits and vegetables, breastfeeding rates, and television viewing, if available)
3. Briefly name and describe up to 10 programs in your community that are ongoing or part of any ongoing initiative related to physical activity, nutrition, breastfeeding, reduced television time, and energy imbalance that have occurred in the past 3 years.
4. Describe the following:
  - a. Current community resources or partnerships for reducing the prevalence of obesity.
  - b. Potential community resources or partnerships for reducing the prevalence of obesity.

*Examples: hospitals, schools, retailers, grocers, voluntary health agencies, health/fitness clubs, restaurants, employers, transportation authority, parks and recreation programs, local health departments, service delivery providers (such as WIC clinics, weight loss clinics, etc.), farmers' markets, agricultural extension offices, etc.*
5. Describe gaps in resources and potential barriers to reducing the prevalence of obesity.
6. Describe the current physical activity resources available in your community (including walking trails, bike lanes, sidewalks, ball fields, gymnasiums/health clubs, courts, pools, playgrounds, indoor recreation, etc.) including # available, accessibility, and conditions.
7. Describe the mechanism(s) (i.e., public meetings, interviews, surveys, etc.) typically utilized for obtaining input from community stakeholders and/or developing relationships with public and private partners.

## FORM G: PERFORMANCE MEASURES

*In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this application. **A maximum of 1 additional page may be attached if needed.***

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## **FORM G: PERFORMANCE MEASURES Guidelines**

Applicant shall include the performance measures in the application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and TDH if applicant is selected to negotiate a contract.

Performance measures for this application will focus on process evaluation. Process evaluation reports the number and/or type of deliverables produced. Examples would include: # of potential partners contacted, # of meetings held, % attendance at partnership meetings, # community assessments conducted, # new partnerships developed, etc.

Applicants shall write performance measures for project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by applicant and TDH if applicant is selected to negotiate a contract.

Performance measures shall be specific, measurable, time-phased, and feasible. Performance measures quantify outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the applicant's obligations in order to meet its contract requirements.

## FORM H: WORK PLAN

*Applicant shall describe its plan for community assessment and partnership development in the proposed service area(s) and include time lines for accomplishments. The work plan shall address the current, potential, and gaps in resources identified in the community description for reducing the prevalence of obesity (see WORK PLAN GUIDELINES). **A maximum of 2 additional pages may be attached if needed.***

---

## FORM H: WORK PLAN Guidelines

Applicant shall describe its plan for community assessment and partnership development in the proposed service area(s) and include time lines for accomplishments. The work plan shall address the current, potential, and gaps in resources identified in the community description for reducing the prevalence of obesity. The plan shall:

1. Summarize the proposed assessment and planning activities, population to be served, location (counties to be served), etc. Also, address if and how you will continue planning a community intervention in the event TDH funding becomes unavailable.
2. Describe the resources available to perform the project, including delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve community intervention and policy-making activities.
3. Describe capacity for data collection, including tangible and human resources, and who will be responsible for data collection and reporting to UT-Austin staff.
4. Describe coordination with the other public health organizations in the service area(s) and delineate how duplication of services will be avoided.
5. Describe ability to provide health interventions to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, and other means to ensure accessibility for the defined population).
6. Describe how applicant will develop capacity and resource sustainability to continue planning and implementing a community obesity prevention intervention in the event TDH funding becomes unavailable.

## FORM I: BUDGET SUMMARY

**Legal Name of Applicant:** \_\_\_\_\_

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment	\$	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

**Indirect costs are based on (mark the statement that is accurate):**

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM I6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Contract Policy & Monitoring Division.
- ☐ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM I7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from state agencies other than TDH. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM I: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.  
Column 2: Federal funds awarded directly to applicant.  
Column 3: Funds awarded to applicant from other State of Texas governmental agencies.  
Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).  
Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising, etc.).  
Column 6: The sum of columns 1-5.

### **PROGRAM INCOME**

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that's expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

$$\frac{\text{TDH's Share of Funding}}{\text{TDH's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{TDH's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or obtain a copy of TDH's Financial Administrative Procedures Manual from the Internet at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

### **INSTRUCTIONS:**

**Projected Earnings.** Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that's expected to be generated during the budget period.

#### **Examples Of Program Income**

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

## FORM I: BUDGET SUMMARY Sample

Legal Name of Applicant: Apple County Health Department

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ 2,060	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
J. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM I6).
- ☐ The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with TDH's Contract Policy and Monitoring Division.
- ☒ Uniform Grant Management Standards. Complete an INDIRECT COST Budget Category Detail Form (FORM I7).

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

# DETAILED BUDGET CATEGORY FORMS

## General Information

### **Requirements for Categorical Budgets**

The application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (I1-I7), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

### **General Information**

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. The manual is available on the Internet at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

### **A. Allowable and Unallowable Costs**

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.



**DETAILED BUDGET CATEGORY FORMS,  
Allowable/Unallowable Costs continued**

**Unallowable costs**, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

**B. Direct Costs**

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

**C. Indirect Costs**

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

**D. Audit Requirements**

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for TDH's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

## FORM I-1: PERSONNEL Budget Category Detail Form

**Legal Name of Applicant:**

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
<b>FRINGE BENEFITS:</b> Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required.				<b>Salary Total</b>		\$ 0
				Fringe Benefit Rate            %		%
				FRINGE BENEFITS TOTAL		\$

**FORM I-1: PERSONNEL Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
Financial Officer (E)	5%		\$42,000	\$2,100	N	Provides financial accountability of organization
Administrative/Personnel (P)	5%		\$36,000	\$1,800	Y	Provides personnel services and training
Outreach Counselor (E)	100%		\$24,000	\$24,000	N	Provides outreach/case management services
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required. FICA 7.65% Worker's Comp 2.05% Retirement Plan 1.63% Health Insurance 3.12%				Salary Total		\$27,900
				Fringe Benefit Rate 14.45 %		
				FRINGE BENEFITS TOTAL		\$4,032

**PERSONNEL**

DEFINITION: The actual cost of salaries and wages paid to employees of the organization devoted to the TDH funded project. These costs are allowable to the extent that they are reasonable and conform to the established, consistently applied policy of the organization and reflect no more than the time actually devoted to the project.

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Budget Category Detail Form: functional title, whether the position is existing or proposed, % of time dedicated to the project, any certification or license an individual must possess to be qualified for the position, the total annual salary, the amount of TDH funds requested for this position's salary (% of time dedicated to the project multiplied by the annual salary), whether the position is vacant or filled, and the justification for the position. Justification may include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements), and an explanation of reasonableness of the annual salary.

**FRINGE BENEFITS**

DEFINITION: Fringe benefits are allowances and services provided by the organization to their employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of leave, employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits are allowable (in proportion to the amount of time or effort employees devote to the grant funded project), to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization.

INSTRUCTIONS: Itemize the elements of fringe benefits and indicate the % rate on the PERSONNEL Budget Category Detail Form.



## FORM I-2: TRAVEL Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

**Local Travel Costs (mileage plus per diem)**

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$ 0	

**Conference/Workshop Costs**

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
							0	
							0	
							0	
							0	
							0	
							0	
<b>TOTAL for Conf/Workshop TRAVEL:</b>			\$ 0		\$ 0	\$ 0	\$ 0	

<b>Local TRAVEL Costs:</b> \$ 0	<b>Conf/Workshop TRAVEL Costs:</b> \$ 0	<b>Total TRAVEL Costs:</b> \$ 0
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**NOTE:** All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

# SAMPLE FORM I-2: TRAVEL Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

## Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$ .31	1,068	\$ 331	\$ 144	\$ 475	Executive Director – Travel to all site locations in the nineteen county area for review, monitor, evaluate, and oversee clinic operations.

## Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom TDH funds	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
Family Planning Advisory Committee Meetings (4)	Austin	1	1,735 miles x \$0.31/mile =	\$538	\$360	\$0	\$898	Clinic Services Director to attend Family Planning Committee meetings (4)
TOTAL for Conf/Workshop TRAVEL:				\$538	\$360	\$0	\$898	

Local TRAVEL Costs:	\$475	Conf/Workshop TRAVEL Costs:	\$898	Total TRAVEL Costs:	\$1,373
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**NOTE:** All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

## TRAVEL

**DEFINITION:** The cost of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client transportation and registration fees should be classified under the "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under the "Contractual" expense category.

**INSTRUCTIONS:** The TRAVEL Budget Category Detail Form requires information on local travel costs (travel and per diem) and information on conferences/workshops for which TDH funding is being requested. For local travel, enter the reimbursement rate for automobile mileage and the estimated number of miles to be traveled for the budget period. To calculate the total estimated local travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs that may be associated with local travel and show the basis for cost (15 partial days x \$7 per partial day = \$105). The justification should include who or what position classification(s) will be traveling and why local travel is necessary to accomplish the project. For conferences/workshops, the following must be included for all attending for whom TDH funds are being requested: the name

and/or description of the conference/workshop, the location (city), the number of persons attending, estimated travel, per diem, other related travel costs (excluding registration fees) and total costs for all attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project.

## FORM I-3: EQUIPMENT Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for EQUIPMENT:		\$ 0.00	



# SAMPLE FORM I-3: EQUIPMENT Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order.

DESCRIPTION OF ITEM (= \$1,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory	\$2,060 / 1	\$2,060	Administrative processing and billing for Community Power Point presentation on the value of Family Planning
TOTAL Amount Requested for EQUIPMENT:		\$ 2,060	

## EQUIPMENT

**DEFINITION:** Equipment is defined by TDH as non-expendable personal property with a unit cost of more than \$1,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$1,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$1,000 threshold.

**INSTRUCTIONS:** Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the applicant determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order.

### EXAMPLES OF EQUIPMENT DESCRIPTIONS

**Remember:** Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

#### INCORRECT EXAMPLES

Computer-850 Mhz Pentium  
1 @ \$2,150  
*(insufficient description/specification)*  
1 @ \$250 Laser Jet Printer  
*(This item would be moved to supplies  
as it is less than \$500.00).*

#### CORRECT EXAMPLES

Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory.  
1 @ \$2,150  
24" Zenith Portable TV/VCR Combination;  
Model #Z12345  
1 @ \$750

## FORM I-4: SUPPLIES Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
<b>TOTAL Amount Requested for SUPPLIES:</b>		\$ 0.00	

**FORM I-4: SUPPLIES Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (e.g., office, computer, medical, educational, janitorial, etc.).

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Office supplies	\$750 / month	\$9,000	Supports Family Planning clinic services
Pharmaceuticals	\$3,000 / month	\$36,000	Medications to serve patients
<b>TOTAL Amount Requested for SUPPLIES:</b>		<b>\$ 45,000</b>	

**SUPPLIES**

**DEFINITION:** Costs for materials and supplies necessary to carry out the program. This includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software less than \$500, plus any equipment or furniture with a purchase price including freight not to exceed \$1,000 per item, except those listed in the "equipment" category.

**INSTRUCTIONS:** Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the applicant determined or will determine that the cost is reasonable.

## FORM I-5: CONTRACTUAL Budget Category Detail Form

**Legal Name of Applicant:** \_\_\_\_\_

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
TOTAL Amount Requested for CONTRACTUAL:					\$	0

# SAMPLE FORM I-5: CONTRACTUAL Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by TDH
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/ month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
TOTAL Amount Requested for CONTRACTUAL:					\$ 41,208	

## CONTRACTUAL

DEFINITION: Activities identified in the scope of work that are delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. Contracts for administrative services are not included in this category; they are properly classified in the "Other" category.

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts which are available online at [http://www.tdh.state.tx.us/grants/form\\_doc.htm](http://www.tdh.state.tx.us/grants/form_doc.htm).

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to TDH and receive prior written approval from TDH before entering into the contract.

INSTRUCTIONS: The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

## FORM I-6: OTHER Budget Category Detail Form

Legal Name of Applicant: \_\_\_\_\_

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:		\$ 0	

**FORM I-6: OTHER Budget Category Detail Form Sample****Legal Name of Applicant:** Apple County Health Department

DESCRIPTION	# of units x unit cost if applicable	COST	PURPOSE & JUSTIFICATION
Telephone (23 lines)	12 months x \$833.34 =	\$10,000	Telephone service
Printing	12 months x \$666.67 =	\$8,000	Documents, forms, letters, and literature
Single Audit	1 x \$5,000 =	\$5,000	Single Audit (TDH requirement)
TOTAL Amount Requested for OTHER:		\$ 23,000	

**OTHER**

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- \* contracts for administrative services;
- \* space and equipment rental;
- \* utilities and telephone expenses;
- \* data processing services;
- \* printing and reproduction expenses;
- \* postage and shipping;
- \* contract clerical or other personnel services;
- \* janitorial services;
- \* exterminating services;
- \* security services;
- \* insurance and bonds;
- \* equipment repairs or service maintenance agreements;
- \* books, periodicals, pamphlets, and memberships;
- \* advertising;
- \* registration fees;
- \* patient transportation;
- \* training costs, speakers fees and stipends.
- \* software less than \$500

INSTRUCTIONS: The OTHER Budget Category Detail Form requires a general description of the service, and the cost. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity. The justification should also include a statement of when services will be utilized if other than the full RFP budget period.



## FORM I-7: INDIRECT COST Budget Category Detail Form

**Legal Name of Applicant:**

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
Total Amount Requested for INDIRECT COST:	\$

# SAMPLE FORM I-7: INDIRECT COST Budget Category Detail Form Sample

**Legal Name of Applicant:** Apple County Health Department

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
General administration and maintenance	\$2,025
Total Amount Requested for INDIRECT COST:	\$2,025

## **INDIRECT COSTS**

**DEFINITION:** Those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The applicant may negotiate an indirect cost rate with its federal cognizant agency or state-coordinating agency. If there is no assigned agency, TDH's Contract Policy and Monitoring Division (CPM) may provide guidance on how to have an agency assigned or TDH's CPM may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The TDH CPM will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the TDH CPM at (512) 458-7111 ext. 2281.

If the applicant does not have an approved indirect cost rate and does not intend to negotiate one, then funds may be budgeted in accordance with Uniform Grant Management Standards (UGMS) that reads as follows:

"In lieu of determining the actual indirect costs of the service for which a state award is made, a grantee may recover up to 10 percent of the direct salary and wage costs of providing the service (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation [of direct salary and wage costs]. Applicants choosing this method of indirect cost recovery are prohibited from seeking recovery using a cost allocation plan, rate or other methods for the same period."

**INSTRUCTIONS:** Applicant should indicate the indirect cost rate (if applicable) on the BUDGET SUMMARY page and mark the box that contains the appropriate statement regarding the support for the indirect charge. If applicant attaches a copy of the most recently approved indirect cost rate, it should be placed behind the OTHER Budget Category Detail Form. If applicant has marked the box "Uniform Grants Management Standards," then an INDIRECT COST Budget Category Detail Form should be completed. The form requires a description of each type of costs and a justification. The justification should include an explanation of the purpose of the services and how it is necessary for the completion of the activity.

## FORM J: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

*If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.*

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(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity, accountability, and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization follows Generally Accepted Accounting Principles when preparing financial statements, and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by TDH staff.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.
- L. The organization will administer any contract executed with the Texas Department of Health in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grant Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.

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\*Chairman of the Board Signature/Date

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\*President or Executive Director Signature/Date

\*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

## **APPENDIX A**

### **TDH ASSURANCES AND CERTIFICATIONS**

**Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding program within TDH.**

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**As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:**

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;

11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the clients confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
  - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and
  - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
  - E. TDH Policy XO-0119, Non-Discrimination Policies and Procedures for TDH Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability.
15. Will comply with the Uniform Grant Management Act (UGCMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate.
18. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
19. Will comply with environmental standards prescribed pursuant to the following:
  - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;"
  - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans;"
  - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.;
  - D. Protection of underground sources of drinking water under the Safe Drinking Water Act

of 1974, 42 USC §§300f-300j, as amended;

20. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
21. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
22. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
23. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
24. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs that are incurred in conducting an assistance project;
25. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
26. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
  - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

27. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a

SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Texas Department of Health.
- (c) The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

28. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).



## **APPENDIX B**

### **OTHER PROGRAM INFORMATION**

#### **The Social Ecological Model for Obesity Prevention**

Promoting healthy change in a community to prevent and control obesity and other chronic diseases requires several approaches. Rather than focusing only on personal behavioral change interventions with groups or individuals, a combination of individual and environmental strategies are needed. Interpersonal social networks comprising families, friends, colleagues, and acquaintances surround all members of a community. Each layer of social structure (whether individual, interpersonal, organizational, community, or societal) affects the others above and below it, from the inside outward or the outside inward. Research has demonstrated that behavior change is more likely to endure when both the individual and the environment they live, work, and go to school in undergo change simultaneously.

**INDIVIDUAL** – any single person in a community

**GROUP** – includes family, friends, co-workers

**ORGANIZATION** – includes schools, workplaces, faith-based, health care, parks and recreation, restaurants, etc.

**COMMUNITY** – includes local ordinances, the physical environment, media

**SOCIETY** – includes public policy governing communities

